MARYLAND 3539

STATE DEPARTMETT OF HEALTH
03513

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH · COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point X
LENGTH OF STAY (in this place): 5 mo. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cobb Island 08X-2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	N.	BAKER	April	6	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	11-14-90	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist - Retired	Unknown	Washington, D.C.	USA

13. FATHER'S NAME: William H. Baker - Deceased

14. MOTHER'S MAIDEN NAME: Hosanna Jenkins - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW 1	None	Hospital Records, VAH, Perry Point, Md.

II. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
451X Immediate cause	(a) Ruptured arteriosclerotic aneurism of the abdominal aorta with hemorrhage massive intra-abdominal	48 to 72 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary edema, bilateral	48 hours
	(c) Arteriosclerosis, generalized	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

VA

22. I hereby certify that I attended the deceased from 10-22, 1953, to 4-6, 1954, ~~that I last saw the deceased~~ alive on ~~.....~~, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE W. Oppler (Degree or title) ADDRESS: W. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-7-54	Cedar Hill	Suitland, Prince George Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 7 1954	Ida M. Daugherty acty Reg.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 9 1954
BUREAU V. S.

Item 18 Film G164 4/26/54 ams

3540

03514 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leslie | LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Robert (Middle) Lee (Last) Baker | 4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 1954

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: 11-9-1913 | 9. AGE last birthday: 40 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk. | 10b. KIND OF BUSINESS OR INDUSTRY: Packing Clerk | 11. BIRTHPLACE (State or foreign country): Grassey Brook NC | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Delayborne Baker | 14. MOTHER'S MAIDEN NAME: Martha Tomlison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 235-03-7642 | 17. INFORMANT & ADDRESS: Mrs Lillie Baker Rising Sun Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 7953 (a) Undetermined

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) (No further information)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2 | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Woods | 21c. (City or town) Leslie (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 4 (Day) 6 (Year) 1954 (Hour) A.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? unknown found dead in woods

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-10-1954 | NAME OF CEMETERY OR CREMATORY Baptist Cem. | LOCATION (City, town, or county) Bononing Cecil (State) Md.

DATE REC'D BY LOCAL REG. 4-9-54 | REGISTRAR'S SIGNATURE Sarah E. Rothermel | 24. FUNERAL DIRECTOR J. Earl Tyson | ADDRESS Rising Sun Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

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APR 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03515

3520 **CERTIFICATE OF DEATH** Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ELKTON 21
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Md X
STREET ADDRESS (If rural, give location) RURAL 2

3. NAME OF DECEASED: (Type or Print) (First) CARSON (Middle) C (Last) BARTON

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	4-25-54				3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ELKTON
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALTER BARTON
14. MOTHER'S MAIDEN NAME: NAOMI BURTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Walter Barton North East R 2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Wt: 1 lb. 10 ounces

Immediate cause (a) 761.5 Pre-viable Abortus Length: 12 inches

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Premature Labor secondary to Premature Separation of Placenta — INTERVAL BETWEEN ONSET AND DEATH: 3 Hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION:** —
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME (Month) (Day) (Year) (Hour) OF INJURY — M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4 P.M. 25 Apr. 1954, to 4:05 P.M. 25 Apr. 1954, that I last saw the deceased alive on 25 April 1954, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Klaus H Henkner M.D. ADDRESS E. Main St. No. 44 E. of Rt. Md DATE SIGNED 25 April 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-26-54	Methodist	North East Cecil Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 26	F R Frazer	Joseph R Grant	North East Md

2044277230

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3541 CERTIFICATE OF DEATH

Reg. Dist. No. 03516

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calvert X
LENGTH OF STAY (in this place) 2 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Graybeal Nurseing Home 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles W. (Middle) (Last) Bayles
4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept.16,1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William B. Bayles
14. MOTHER'S MAIDEN NAME: Juliet A. Jump
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs C.W.Calkins, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage - Jan-8 - Apr 3 mos - 5 days

DUE TO (Paralysis Left side)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis 5 yrs

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1954, to Apr 5, 1954, that I last saw the deceased alive on Apr 5, 1954, and that death occurred at 6 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clarence L. Benson, Port Deposit, Md ADDRESS DATE SIGNED 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-9-1954
NAME OF CEMETERY OR CREMATORY St Marks
LOCATION (City, town, or county) (State) Perryville, Md. Rural
DATE REC'D BY LOCAL REGISTRAR April 7 1954
REGISTRAR'S SIGNATURE L. W. Worthington
24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03517

3542 . CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH: Chesy Hill
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesy Hill | LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Elkton RD 3
STREET ADDRESS (If rural, give location) R.D. #3 - Elkton, Md.

3. NAME OF DECEASED: (Type or Print) (First) Taylor (Middle) Artie (Last) Brown
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 9, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Maker
10b. KIND OF BUSINESS OR INDUSTRY: Paper Making Industry
11. BIRTHPLACE (State or foreign country): Md Calvert, Cecil Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. T. Brown
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-05-3465
17. INFORMANT & ADDRESS: Leonard Brown - Son - Elkton maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
156.1
Immediate cause (a) Cancer of the Liver — INTERVAL BETWEEN ONSET AND DEATH 6 mos.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 27, 1954
19b. MAJOR FINDINGS OF OPERATION: Primary Cancer of the Liver & Metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 1954, to 4-26, 1954, that I last saw the deceased alive on 4-24, 1954, and that death occurred at 7:45 P.M., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) Henry A. Spangler M.D. ADDRESS Elkton, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-29-54
NAME OF CEMETERY OR CREMATORY St Johns Methodist
LOCATION (City, town, or county) (State) Lewisville, Cecil Co Md
DATE REC'D BY LOCAL REG. April 29
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR ADDRESS Joseph R Grant North East Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3521

Reg. Dist. No. 03518

1. PLACE OF DEATH:
COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hollingsworth Manor Elkton Md 21
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WANDA (Middle) J (Last) CARROLL

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ✓
8. DATE OF BIRTH: 10-14-52
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 6 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elkton Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MILLER E CARROLL Jr
14. MOTHER'S MAIDEN NAME: SHIRLEY TAYLOR

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miller E Carroll Jr

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
193X
Immediate cause (a) Neuroblastoma
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1954, to April 23, 1954, that I last saw the deceased alive on April 23, 1954, and that death occurred at 12 35 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Ralph Andrews Jr. M.D.
ADDRESS Elkton, Maryland
DATE SIGNED 4/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr 27 1954
NAME OF CEMETERY OR CREMATORY Cherry Hill Meth Cemetery
LOCATION (City, town, or county) Elkton (Rural) (State) Md

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Joseph K. Grant, Northeast Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1954
BUREAU V. S.

Film#G166 Item# 13
5/17 54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3522 CERTIFICATE OF DEATH

Reg. Dist. No. 03519

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Elkton RD #4
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Henry (Last) Cato

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 17-1887

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Brooklyn Edison

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Tremont Cato

14. MOTHER'S MAIDEN NAME: Matilda Linstead.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT & ADDRESS: Mrs Thomas H Cato.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 442X — (a) Pulmonary Edema — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Cardio renal vascular — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to April 24, 1954, that I last saw the deceased alive on 4/24, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Herbert Bahr M. D. — ADDRESS: Elkton Md — DATE SIGNED: 4/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/26/1954 — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county): Elkton (State): Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H Walter du Burg — ADDRESS: Elkton Md

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~1543~~ 03520

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point X
LENGTH OF STAY (in this place) 3yrs. 7mo. 6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 4124 Pimlico Road ✓

3. NAME OF DECEASED (Type or Print): (First) SOL (Middle) (NMI) (Last) COHEN
4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 6-7-1910
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wolfe Cohen - Deceased
14. MOTHER'S MAIDEN NAME: Hannah Bass - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) Peacetime
16. SOCIAL SECURITY NO. 213-26-8728
17. INFORMANT & ADDRESS. Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pulmonary embolism	Immediate
ANTECEDENT CAUSE (S) DUE TO	(B) Tuberculosis, pulmonary, active	Approx. 1 year
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 2 X 2 X DUE TO	(C) Diabetes mellitus	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Schizophrenic reaction, paranoid type	Unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 9-8 , 19.50, to 4-14 , 1954, and that death occurred at 8:30AM, from the causes and on the date stated above.
SIGNATURE W. OPPLER, CHIEF, PROFESSIONAL SERVICES M.D
ADDRESS V.A.Hospital, Perry Point, Md.
DATE SIGNED 4-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 4-15-54
NAME OF CEMETERY OR CREMATORY Herring Run
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR April 14 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty Asst. Reg.
FUNERAL DIRECTOR AND ADDRESS JACK LEWIS, 2100-2 Eutaw Place, Baltimore, Md.

PLEASE TYPE OR WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
APR 19 1
BUREAU V. S.

3523

03521
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton 21 — LENGTH OF STAY (in this place): 21 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Charlestown Rural
STREET ADDRESS (If rural, give location): Route 7.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) F. (Last) COOPER.

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Aug 16, 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mason

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Cooper

14. MOTHER'S MAIDEN NAME: Rachel A. Bryson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ethel Cooper, Charlestown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Third degree burn entire left leg
DUE TO (c) Pt thigh scrotum penis & Buttocks

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Charlestown **(County)** Cecil **(State)** Md.

21d. TIME OF INJURY (Month) 4 **(Day)** 5 **(Year)** 54 **(Hour)** 5 M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Burning trash clothing & dust pile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: R LeRoy Carson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 4/26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 4-28-1954 — **NAME OF CEMETERY OR CREMATORY:** Charlestown — **LOCATION (City, town, or county) (State):** Charlestown, Md.

DATE REC'D BY LOCAL REG.: April 26 — **REGISTRAR'S SIGNATURE:** [illegible]

24. FUNERAL DIRECTOR AND ADDRESS: Lee A. Patterson & Son, Perryville, Md.

VS. A15A - 5 - 53

RECEIVED
APR 28 1954
BUREAU V. S.

03522

MARYLAND

3544

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH- COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Pennsylvania COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point — LENGTH OF STAY (in this place): 28yrs.9mo.1day	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pittsburgh
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	STREET ADDRESS (If rural, give location): 602 Shady Avenue

3. NAME OF DECEASED (Type or Print)	(First) PATRICK	(Middle) (NMI)	(Last) COYNE	4. DATE OF DEATH (Month) April (Day) 5 (Year) 1954
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 4-2-1890	9. AGE last birthday: 64 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Steel Mill	11. BIRTHPLACE (State or foreign country): Ireland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Patrick Coyne - Deceased		14. MOTHER'S MAIDEN NAME: Nora Joyce - Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
153X Immediate cause (a)	Cancer, far advanced, originating in the colon	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Dementia Praecox, Hebephrenic type	Unknown

19a. DATE OF OPERATION: 3-1-54	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the splenic flexure with almost complete occlusion with metastasis to liver.	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7-4, 1925, to 4-5, 1954, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 4:35 Pm., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. (Degree or title) ADDRESS — DATE SIGNED: 4-6-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 4-6-54	NAME OF CEMETERY OR CREMATORY: Calvary	LOCATION (City, town, or county) (State): Pittsburgh, Pa.
DATE REC'D BY LOCAL REG.: April 6, 1954	REGISTRAR'S SIGNATURE: Ida M. Daugherty actg Reg.	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03523

3524 CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Elkton; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) ANNA (Middle) G (Last) CROTHERS ~~Crowthers~~

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954

5. SEX: Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single; 8. DATE OF BIRTH: Feb 22, 1867; 9. AGE last birthday: yrs. 87; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist; 10b. KIND OF BUSINESS OR INDUSTRY: Dentistry; 11. BIRTHPLACE (State or foreign country): Maryland; 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jonathan L. Crothers; 14. MOTHER'S MAIDEN NAME: Margaret Meaina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —; (If Yes, give war or dates of service) —; 16. SOCIAL SECURITY NO.: —; 17. INFORMANT & ADDRESS: Howard Crothers Middletown, Del

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset And Death 48 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 4 yrs +

DUE TO (c) Accumulative Infirmities of old age

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct —, 1951, to April 20, 1954, that I last saw the deceased alive on April, 1954, and that death occurred at 10:05 PM, from the causes and on the date stated above.

SIGNATURE George Kreis Jr. (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED April 21 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF April 24 1954; NAME OF CEMETERY OR CREMATORY Rose Bank Cemetery; LOCATION (City, town, or county) Calvert; (State) Md.

DATE REC'D BY LOCAL REGISTRAR —; REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md.

D.T.

RECEIVED
APR 27 1954
BUREAU V. S

03524

MARYLAND — STATE DEPARTMETT OF HEALTH

3545

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 30yrs.1mo.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterahs Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): R.D. #2

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) K. (Last) DUNLAP

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-9-88

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Telegrapher

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Dunlap

14. MOTHER'S MAIDEN NAME: Joanna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
442 X Immediate cause	(a)	Hypertensive cardiovascular disease	Unknown
Antecedent cause(s)		Arteriosclerosis generalized, severe	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		
	(c)	Prostatic hypertrophy, benign	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

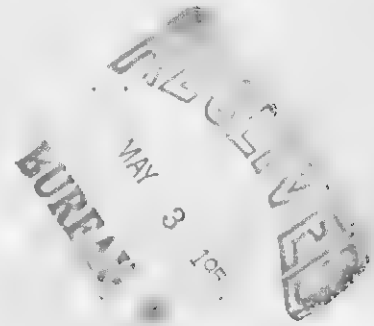
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 3-17, 1924, to 4-28, 1954, that I last saw the deceased alive on [illegible], and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE Joseph Grasberger (Degree or title) — ADDRESS — DATE SIGNED
J. GRASBERGER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md. 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 4-29-54
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: 4/29/54
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son, PENNINGTON & SON, Havre de Grace, Md.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BUREAU

03525

MARYLAND — **STATE DEPARTMETT OF HEALTH**

3546

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point X — LENGTH OF STAY (in this place): 1yr.1mo.29days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural, give location): 3020 Dent Place, N.W.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) DUVALL

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-11-1887

9. AGE last birthday: 67 yrs. — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B&O Office Baltimore

11. BIRTHPLACE (State or foreign country): Uniontown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LaFayette C. Duvall - Deceased

14. MOTHER'S MAIDEN NAME: Sarah R. Duvall - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

230X

Immediate cause (a) Coronary sclerosis severe, with myocardial insufficiency — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Edema pulmonary, bilateral — 3 to 4 days

(c) Subarachnoid hemorrhage base of brain. Fracture of inner table, occipital bone — less than 2 hours

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Psychosis, intoxication, chronic paranoid — Unknown

19a. DATE OF OPERATION: 1

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21 ., 1953., to 4-19 ., 1954., [redacted] and that death occurred at 3:35 Pm., from the causes and on the date stated above.

SIGNATURE W. Oppler (Degree or title) ADDRESS: W. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 4-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 4-20-54 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. Apr 20 1954 — REGISTRAR'S SIGNATURE: Ida M. Daugherty, actg. Reg.

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03526

3547 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 8 mo. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilmington
STREET ADDRESS (If rural give location) 415 Greenhill Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) R. (Last) EGGER
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 8-15-1894
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Writer
10B. KIND OF BUSINESS OR INDUSTRY: On own account
11. BIRTHPLACE (State or foreign country): Centralia, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Egger - Deceased
14. MOTHER'S MAIDEN NAME: Lilley Lockwood - Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340.3

IMMEDIATE CAUSE (A) Uremia — 2 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Meningitis acute (hemolytic staphylococcus albus) secondary to lobotomy and DUE TO (C) wound infection — 17 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Involutional psychotic reaction, chronic, severe — Unknown

19A. DATE OF OPERATION: 4-5-54
19B. MAJOR FINDINGS OF OPERATION: Bilateral prefrontal lobotomy
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8-5, 1953, to 4-29, 1954, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 5:00 AM, from the causes and on the date stated above.

SIGNATURE Joseph Grasberger — ADDRESS — DATE SIGNED
JOSEPH GRASBERGER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md. 4-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 4-29-54
NAME OF CEMETERY OR CREMATORY: Silverbrook Crematory
LOCATION (City, town, or county) (State): Wilmington, Delaware

DATE REC'D BY LOCAL REGISTRAR: 4/29/54
REGISTRAR'S SIGNATURE: Irene E. Dougherty
24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, M.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
1954
BUREAU V. S.

Film#G154 Item# 3,8,9,13,17 4/26/54 emf

03527

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton RD I
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHRISTIAN (Middle) EXSELSTEIN (Last)
4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1954
5. SEX: M
6. COLOR OR RACE: Mule
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-23-1912
9. AGE last birthday: 40 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Sir Skeeper.
10b. KIND OF BUSINESS OR INDUSTRY: Groceries
11. BIRTHPLACE (State or foreign country): Egg Harbor N J.
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME: Harry Exselstein
14. MOTHER'S MAIDEN NAME: Olga Schleimeir
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Eunice Exselstein, Elkton RD I Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 46.0

Immediate cause (a) Third degree burn of 90% of body.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Elkton (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 4 (Day) 7 (Year) 54 (Hour) 8 A.M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Gas stove exploded.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A C Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF April 10/54
NAME OF CEMETERY OR CREMATORY Egg Harbor Cemetery
LOCATION (City, town, or county) Egg Harbor City (State) N.J.
DATE REC'D BY LOCAL REG. April 8
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. W. Pippin & Son. ADDRESS Elkton Md. W. C. Lusby.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 8 - 53

U V. S.

3526

03528

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 15 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 400 Park Circle

3. NAME OF DECEASED: (Type or Print) (First) BEULAH (Middle) HARLAN (Last) FEARS
4. DATE OF DEATH (Month) 4 (Day) 16 (Year) 1954
5. SEX F. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH: 10-15-1893 9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housework 11. BIRTHPLACE (State or foreign country): Salem, Va. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME: George L Broom
14. MOTHER'S MAIDEN NAME: Marion Harlan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Frederick Fears, 400 Park Circle Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 904.0 (a) Fracture lower third Rt femur. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Broadle Carcinoma of Stomach DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

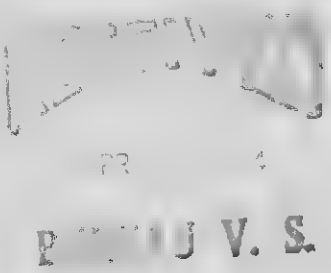
19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Elkton (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 4 (Day) 1 (Year) 54 (Hour) P2 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell in her room.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Apr. 19 1954
NAME OF CEMETERY OR CREMATORY Elkton,
LOCATION (City, town, or county) Elkton, (State) Md.
DATE REC'D BY LOCAL REG. Apr 17
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Tippin & Son
ADDRESS Elkton, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03529

3527

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital, Elkton

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md - R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DEBORAH (Middle) ANN (Last) FORAKER

4. DATE OF DEATH: (Month) Apr (Day) 25th (Year) 1954

5. SEX: Female **6. COLOR OR RACE:** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single **8. DATE OF BIRTH:** Feb 6, 1954 **9. AGE last birthday:** yrs. IF UNDER 1 YEAR: Months 2 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Maryland **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Franklin Foraker **14. MOTHER'S MAIDEN NAME:** Dorothy Emerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Franklin Foraker - Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 493X

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	3-5 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Prematurity	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Meningomyelocoele

19a. DATE OF OPERATION: 2 **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Apr 54 19....., to 25 Apr., 19 54, that I last saw the deceased alive on 25 Apr., 19 54, and that death occurred at 5:05 a.m., from the causes and on the date stated above.

SIGNATURE Clifton R. Brooke, M.D. (DEGREE OR TITLE) ADDRESS Union Hosp, Elkton, Md. DATE SIGNED 25 April 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Apr 26, 1954 NAME OF CEMETERY OR CREMATORY Townsend M.E. LOCATION (City, town, or county) Townsend (State) Ala

DATE REC'D BY LOCAL REG. April 26 REGISTRAR'S SIGNATURE F. R. Frazer **24. FUNERAL DIRECTOR** D. Lester Daniels - Middletown ADDRESS Ala

2224172253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 27 1954
BUREAU V. S.

3528

03530
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) 25 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elmon Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) N. (Last) FORD
4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1954
5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 12-11-1937 | 9. AGE Last birthday: 16 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Elkton Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Ford. | 14. MOTHER'S MAIDEN NAME: Carrie Cresnell.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: John Ford; Elkton Rd Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured skull Fractured left femur Cerebral Laceration and Rt tibia and left eye DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Route 286 | 21c. (City or town) Chesapeake City (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 4 (Day) 9 (Year) 54 (Hour) 5:30 P. M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Auto. but bridge abutement

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeDodson M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 4-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 4/14/54 | NAME OF CEMETERY OR CREMATORY North East Meth. | LOCATION (City, town, or county) North East, Md (State)
DATE REC'D BY LOCAL REG. 4-12 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR H. W. Tippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR 19 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03531

3529 CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Warwick X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (~~First~~, Last) GROVES (Middle) (~~Last~~) First Anna
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1954
5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 12.13.1904.
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Housework.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Clarence Jenkins
14. MOTHER'S MAIDEN NAME: Odie Jenkins.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-24-0783
17. INFORMANT & ADDRESS: Amanda Jenkins.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
592 X
Immediate cause (a) Uremia — Interval Between Onset And Death: Several weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic glomerulonephritis — 2-3 years.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.9, 1954, to 4.20, 1954, that I last saw the deceased alive on 4.20, 1954, and that death occurred at 9.10 AM, from the causes and on the date stated above.
SIGNATURE Peter Stankis (Degree or title) M.D. ADDRESS Elkton, Md. DATE SIGNED 4.20.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/24/54 NAME OF CEMETERY OR ~~CREMATORY~~ Ceilton Cem. (Colored) LOCATION (City, town, or county) Ceilton (State) Cecil Co. Md.
DATE REC'D BY LOCAL REGISTRAR April 27 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edward Fellows, ADDRESS Millington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3532

3530 CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. #1 Elkton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Hardiman
4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 19, 1923
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Fibre Plant
11. BIRTHPLACE (State or foreign country): West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Carl Hardiman
14. MOTHER'S MAIDEN NAME: Mary Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Glenna Hardiman R.D. #1 Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Hypertension — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) with non-function of kidneys and uremia
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1954 to April 19, 1954 that I last saw the deceased alive on April 19, 1954, and that death occurred at 7.20 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) S. Ralph Anderson M.D.
ADDRESS Elkton, Md.
DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 22, 1954
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Union (State) Md.
DATE REC'D BY LOCAL REGISTRAR April 21
REGISTRAR'S SIGNATURE F R Seager
24. FUNERAL DIRECTOR H. W. Pippin & Son
ADDRESS Elkton, Md.
M. A. Lusby.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 22 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3548

Reg. Dist. No. 03533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rowlandville
LENGTH OF STAY (In this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Y

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rowlandville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Perry (Last) Harris

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 19, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Cook

11. BIRTHPLACE (State or foreign country) Rowlandville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hazzard Harris

14. MOTHER'S MAIDEN NAME: Elizabeth Glasco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: George Harris Rowlandville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Uremia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Prostatism

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Inguinal Hernia & Hydrocele

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1954, to 4/27, 1954, that I last saw the deceased alive on 4/26, 1954, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Stansbury, M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 4/28/54

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial

DATE THEREOF May 1, 1954

NAME OF CEMETERY OR CREMATORY Mt. Zoar Cem.

LOCATION (City, town, or county) (State) Near Conowingo, Md.

DATE RECD BY LOCAL REGISTRAR April 30-54

REGISTRAR'S SIGNATURE L.T. Worthington

24. FUNERAL DIRECTOR J.E. Tyson ADDRESS Rising Sun, Md.

VS. A15

RECEIVED
MAY 3 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3534

3549

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CECIL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST — LENGTH OF STAY (in this place) 3 MONTHS

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY CECIL

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON RURAL

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
SARA	ANN	HENDERSON	4	25	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED	1-15-1898	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	~	ENGLAND	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Ramsden	Mary Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
~		—	John Henderson North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

416 X

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2½ days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic Rheumatic Heart Disease — 15 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Adenoma of Thyroid — ?

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
—	—	

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			M.			—

22. I hereby certify that I attended the deceased from 22 April, 1954, to 25 April, 1954, that I last saw the deceased alive on 22 April, 1954, and that death occurred at 7:55 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Hans H. Hanke	M.D.	North East Md	25 April '54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-28-54	Union Methodist	Elkton Rd Cecil Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-28-54	Sarah E. Rothermel	Joseph R Haus	North East Md

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03535

CERTIFICATE OF DEATH

3550

Reg. Dist. No. 94

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NORTH EAST X
LENGTH OF STAY (in this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NORTH EAST X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) T (Last) HEVERIN

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 4-1-1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FISHERMAN
10b. KIND OF BUSINESS OR INDUSTRY: FISHING
11. BIRTHPLACE (State or foreign country): Charlestown Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No information
14. MOTHER'S MAIDEN NAME: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Bertha Reynolds North East Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3 April, 1954, to 7 April, 1954, that I last saw the deceased alive on 6 April, 1954, and that death occurred at 8:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Klaus H Hunter M.D. ADDRESS North East, Md DATE SIGNED 9 April '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-11-54
NAME OF CEMETERY OR CREMATORY Charlestown
LOCATION (City, town, or county) Charlestown Cecil Md (State)

DATE REC'D BY LOCAL REGISTRAR 4-11-54
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph A Graus North East
ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03536

3551

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frenchtown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Elkton
STREET ADDRESS (If rural, give location) Frenchtown Rd.

3. NAME OF DECEASED: (Type or Print) (First) BARBARA (Middle) (Last) HINKEL

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: Female
6. COLOR OR RACE? White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Aug 12, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Cleveland, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Gilbert
14. MOTHER'S MAIDEN NAME: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Elmer Gilbert, Elkton R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.1	(a) Coronary thrombosis	2 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular renal disease	5 years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1944, to April 30, 1954, that I last saw the deceased alive on April 29, 1954, and that death occurred at 7 am m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Chesapeake City Md DATE SIGNED 4/30/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 3, 1954
NAME OF CEMETERY OR CREMATORY Green mount
LOCATION (City, town, or county) Phila (State) Pa.

DATE REC'D BY LOCAL REG. May 1
REGISTRAR'S SIGNATURE F R Seagren
24. FUNERAL DIRECTOR H. W. Pippin & Son, Elkton, Md. ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 03537

3552 CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
LENGTH OF STAY (in this place): 50 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) John Thomas (Middle) Chew (Last) Hopkins, Jr.

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 1, 1880

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Banker

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. T. C. Hopkins

14. MOTHER'S MAIDEN NAME: Amanda Wylie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Florence P. Hopkins, Port Deposit, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331 X Immediate cause	(a) Cerebral Hemorrhage.	1 Month
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio-Sclerosis.	6 yrs
	DUE TO (c) Hypertension: Myocarditis.	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1954, to April 5, 1954, that I last saw the deceased alive on Apr 5, 1954, and that death occurred at 1:45 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clarence Benson, M.D. Port Deposit, Md. 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-10-54
NAME OF CEMETERY OR CREMATORY: Darlington Cemetery
LOCATION (City, town, or county) (State): Darlington, Maryland
DATE REC'D BY LOCAL REGISTRAR: April 8, 1954
REGISTRAR'S SIGNATURE: Ida M Daugherty act'g. Reg.
24. FUNERAL DIRECTOR: Lee A. Patterson & Son
ADDRESS: Perryville, Md.

VS. A15

RECEIVED
APR 12 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03538

3553 **CERTIFICATE OF DEATH** Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fredricktown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fredricktown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) JANE (Last) HUNGERFORD
4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 19, 1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Oliver Pennington
14. MOTHER'S MAIDEN NAME: Clara E. Redding Md.
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Rev. Eugene Hungerford Fredricktown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Edema pulmonum. Interval Between Onset And Death 6 days.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Pyelonephritis.

DUE TO (c) myodegeneration cordis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. She had only one kidney.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.5, 1954, to 4.11, 1954, that I last saw the deceased alive on 4.11, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Gefre Konelewski, M.D. ADDRESS Millington, Md. DATE SIGNED 4.14.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 15, 1954 NAME OF CEMETERY OR CREMATORY Galena Cem. LOCATION (City, town, or county) Galena Kent Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 4/15/54 REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

Ka Lewiske

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1954
BUREAU V. S

3554

03539
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 96

1. PLACE OF DEATH: COUNTY Ceril MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Ceril
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Port Deposit Rural
STREET ADDRESS (If rural, give location) Jackson's Mills

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) OLIVIA (Last) JACKSON
4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-4-1860
9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Port Deposit Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward J. Jackson
14. MOTHER'S MAIDEN NAME: Susanna Gillispie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Rufus Jackson, Port Deposit RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4-42X
Immediate cause (a) Cardio Vascular Renal disease
DUE TO
Antecedent cause(s) (b) & Senility
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town, (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: R. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4-21-1954
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md, Rural

DATE REC'D BY LOCAL REG. April 21 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty actg Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
APR 23 19[illegible]
BUREAU V. S.

3531

03540

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 14 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Hollingworth Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton

STREET ADDRESS (If rural, give location) 18 Hollingworth Manor

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) P (Last) JOHNSON

4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 8-8-1910 | 9. AGE last birthday: 43 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Service Sta Attendant | 10b. KIND OF BUSINESS OR INDUSTRY: Gas Station | 11. BIRTHPLACE (State or foreign country): Sandstone Minn | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Johnson | 14. MOTHER'S MAIDEN NAME: Katie F. Paavola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes | (If Yes, give war or dates of service) W.W. 2 | 16. SOCIAL SECURITY No.: 087-10-4709 | 17. INFORMANT & ADDRESS: Mrs. Neal Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4201

Immediate cause (a) Acute Coronary Occulsion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr. 30/54 | NAME OF CEMETERY OR CREMATORY: North East Meth. | LOCATION (City, town, or county) (State): North East Md

DATE REC'D BY LOCAL REG. April 30 | REGISTRAR'S SIGNATURE F. R. Frazier | 24. FUNERAL DIRECTOR: H. W. Pippin & Son | ADDRESS: Elkton, Md

By M. H. Pippin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAY 3 1954
BUREAU V.

MARYLAND

3555

CERTIFICATE OF DEATH

STATE DEPARTMETT OF HEALTH

03541

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5625 Kansas Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	W.	KEANE	April	2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4-14-1892	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Map Printer	U.S.Govt. Wash.DC	Washington, D.C.	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Margaret (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
471K Immediate cause	(a)	Pneumonia, bronchial, bilateral	5 to 6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic coronary disease, severe	Unknown
	(c)	Hypertensive cardiovascular renal disease	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

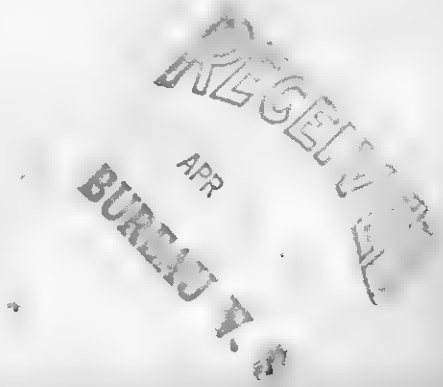
BA

22. I hereby certify that I attended the deceased from 4-2, 19 31, to 4-2, 1954 [redacted] and that death occurred at 1:20 a. m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) — ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 4-2-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-3-54	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
APR 5 1954	Ida M. Dougherty Acting Reg.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.


APR

Film#G164 Item# 9 4/26/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03542

3556 CERTIFICATE OF DEATH

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Conowingo Rural
LENGTH OF STAY (in this place): 22 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Conowingo Rural
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Kyle

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 17, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): North East Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Millard Bullock

14. MOTHER'S MAIDEN NAME: Sarah Hall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John Kyle Colora, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular accident — Interval Between Onset And Death: 14hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 19 54 to 4/18, 1954, that I last saw the deceased alive on 4/17, 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Malcolm Dudley Philpott M.D. ADDRESS: Darlington Md. DATE SIGNED: 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 21 1954 — NAME OF CEMETERY OR CREMATORY: Harmony Chapel — LOCATION (City, town, or county) (State): Rowlandville Md.

DATE REC'D BY LOCAL REGISTRAR: April 21 — REGISTRAR'S SIGNATURE: L M Worthington

24. FUNERAL DIRECTOR: J. E. Tyson — ADDRESS: Rising Sun, Md.

RECEIVED
APR 22 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03543

2411 N. Charles Street, Baltimore

3557 CERTIFICATE OF DEATH Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural — LENGTH OF STAY (in this place) 5yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural
STREET ADDRESS (If rural, give location) Landin Farm

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Donaldson (Last) Landin
4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1954
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED Married
8. DATE OF BIRTH Oct 2, 1869
9. AGE last birthday 84 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William J. Landin
14. MOTHER'S MAIDEN NAME Laura V. Gist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James B. Landin, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion 420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19, 1954, to 4-25, 1954, that I last saw the deceased alive on 4/25, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Dodson M.D. ADDRESS Rising Sun Md DATE SIGNED 4/26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-29-1954
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) Perryville, Md. Rural

DATE REC'D BY LOCAL REG. April 28, 1954
REGISTRAR'S SIGNATURE Ida M Daugherty Actg Regr
24. FUNERAL DIRECTOR ADDRESS Lewis Patterson & Son Perryville, Md.

RECEIVED
MAY 4 1
BUREAU V. S

03544

MARYLAND STATE DEPARTMETT OF HEALTH

3558 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: North Carolina COUNTY: Buncombe
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point — LENGTH OF STAY (in this place): 24yrs.10mo.3days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Black Mountain
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) LUTHER	(Middle) H.	(Last) LENTZ	4. DATE OF DEATH	(Month) April (Day) 8 (Year) 1954
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 10-25-1887	9. AGE last birthday: 66 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer	10b. KIND OF BUSINESS OR INDUSTRY: Unknown	11. BIRTHPLACE (State or foreign country): Iowa	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Max Lentz - Deceased		14. MOTHER'S MAIDEN NAME: Mary Serena Long - Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X

Immediate cause (a) Tuberculosis, pulmonary, bilateral, far advanced — 5 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized, moderate — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6-5, 1929, to 4-8, 1954, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 4-9-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 4-9-54	NAME OF CEMETERY OR CREMATORY: Mountain View Memorial Park	LOCATION (City, town, or county) (State): Black Mountain, N.C.
DATE REC'D BY LOCAL REG.: April 9, 1954	REGISTRAR'S SIGNATURE: Ida M. Daugherty actg Reg.	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

APR 12 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3532 CERTIFICATE OF DEATH

Reg. Dist. No. 03545

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 2 | LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Carroll (Last) Lewis

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 12-22-1881 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: U S V Adm. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John E. Lewis | 14. MOTHER'S MAIDEN NAME: Julia Fails

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Anna May Lewis, Charlestown, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Pulmonary Edema	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	11 days
	DUE TO (c) Arteriosclerotic Heart Disease	?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchopneumonia	9 days

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 27 March, 1954, to 3 April, 1954, that I last saw the deceased alive on 3 April, 1954, and that death occurred at 11:10 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Hunter M.D. | ADDRESS No. 16 E. 1 Red | DATE SIGNED 3 April '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-7-1954 | NAME OF CEMETERY OR CREMATORY Western Cemetery | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR April 3 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Lee A. Patterson & Son. | ADDRESS Perryville, Md.

VS. A15

RECEIVED
APR 7 1954
BUREAU V. S.

3559 03546

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 7 enroute to Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ROBERT LEE PARSONS
4. DATE OF DEATH (Month) (Day) (Year) 4 25 1954
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 28 1950
9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Elkmills Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Parsons
14. MOTHER'S MAIDEN NAME: Ira Biggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ira Biggs, North East RD Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 812X

Immediate cause (a) Fracture of Base skull Fractured
DUE TO left femur. Lacerated scalp Contused

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) abrasion left foot and abdomen.
DUE TO abrasion left side of back.
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: V
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 7
21c. (City or town) North East RD (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 24 54 P.M. 8:40
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hit by Automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R C Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4/26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/27/54
NAME OF CEMETERY OR CREMATORY Elkton Cemetery
LOCATION (City, town, or county) Elkton (State) Md.
DATE REC'D BY LOCAL REG. April 27-54
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR H. Walter de Bose, Jr. ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
APR 30 1954
BUREAU V[illegible]

File#G165 Item# 7 U3547
5/12/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3533 CERTIFICATE OF DEATH

Reg. Dist. No. 9x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp. Elkton Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED: (First) Leona (Middle) Yates (Last) Pearce
4. DATE OF DEATH: (Month) Apr (Day) 30 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 2 1893
9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home.
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Yates
14. MOTHER'S MAIDEN NAME: Margeret Claire
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Thomas Bramble Earleville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	7 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Cardiovascular Disease	15 ~~YEARS~~
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis — 30 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1952 to Apr 30, 1954, that I last saw the deceased alive on Apr 30, 1954, and that death occurred at 1.05 A.m., from the causes and on the date stated above.
SIGNATURE Helen J Dorin MD (DEGREE OR TITLE) ADDRESS Chesapeake City Md — DATE SIGNED 4/30/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May 3-54 — NAME OF CEMETERY OR CREMATORY Johnstown — LOCATION (City, town, or county) Rural Earleville (State) Md
DATE REC'D BY LOCAL REG. May 3 — REGISTRAR'S SIGNATURE C F Frazer
24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington Md

RECEIVED
May 6 - 1954
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03548

3534 **CERTIFICATE OF DEATH** Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton. LENGTH OF STAY (in this place) 1 dy.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlestown, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Vincenzo (Middle) (Last) Piatelli
4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Italian
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-15-1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: P R R.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy.
13. FATHER'S NAME: Antonio Piatelli unknown
14. MOTHER'S MAIDEN NAME: Frances De Marco unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: W. A. Piatelli, Charlestown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 11 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 19 April, 1954, to 22 April, 1954, that I last saw the deceased alive on 21 April 1954, and that death occurred at 12:35 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Klaus H Thuebner M.D. ADDRESS North East Md DATE SIGNED 23 April '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-24-1954 NAME OF CEMETERY OR CREMATORY Mt Erin LOCATION (City, town, or county) Havre de Grace, Md (State)
DATE REC'D BY LOCAL REGISTRAR 4 Apr 23 REGISTRAR'S SIGNATURE F B Frazer
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03549

3560 CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) U. S. Naval Hospital X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bainbridge Village X
STREET ADDRESS (If rural give location) Trailer #62

3. NAME OF DECEASED: (Type or Print) (First) ROBIN (Middle) LEE (Last) POLETTI
4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 19 54
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 4-8-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ERVIN RICHARD POLETTI
14. MOTHER'S MAIDEN NAME: DOROTHY BERNICE LANDIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: ERVIN R. POLETTI, TRAILER #62, Bainbridge Village, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURE BIRTH NEONATAL DEATH
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PULMONARY ATELECTASIS
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1954, to 4-11, 1954 that I last saw the deceased alive on 4-11, 1954, and that death occurred at 1705, from the causes and on the date stated above.

SIGNATURE D. B. Nicholson, (Degree or title) LT MC USNR ADDRESS U. S. NAVAL HOSPITAL, BAINBRIDGE MD. DATE SIGNED 4-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-12-54
NAME OF CEMETERY OR CREMATORY West Nottingham Cemetery
LOCATION (City, town, or county) Colora, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 4-13-54
REGISTRAR'S SIGNATURE Dorothy B. Brambe
24. FUNERAL DIRECTOR Vic A. Patterson & Son ADDRESS Perryville, Md.

204421133V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03550

3535 CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Elkton
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural give location): Curtis Ave.

3. NAME OF DECEASED: (Type or Print) (First) LUELLA (Middle) MAE (Last) POWELL

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 25 1882

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Wilson Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Neal

14. MOTHER'S MAIDEN NAME: Mary E Collison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs John Dukes Townsend, Del

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary thrombosis	46 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardiovascular renal disease	Unknown
260X	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes	Unknown

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to April 4, 1954, that I last saw the deceased alive on April 4, 1954, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph Anderson Jr. M.D. — ADDRESS: Elkton, Maryland — DATE SIGNED: 4/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/7/54 — NAME OF CEMETERY OR CREMATORY: Silverbrook — LOCATION (City, town, or county) (State): Wilmington, Del

DATE REC'D BY LOCAL REGISTRAR: April 5 — REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: N. N. Pippett Son — ADDRESS: Elkton Md

VS. A15

RECEIVED
APR 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03551

3536 CERTIFICATE OF DEATH

Reg. Dist. No. 42 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) WILHELMINA (Last) PRESTON

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARR.

8. DATE OF BIRTH: 3-8 1862

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): NORTH EAST, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM JONES

14. MOTHER'S MAIDEN NAME: MARGARET BENNETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Walter in Person North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of cervix uteri with metastasis — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 19 53, to 19 Apr. 1 19 54, that I last saw the deceased alive on 18 Apr. 1 19 54, and that death occurred at 10:09 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Hans H Hudson M.D. ADDRESS North East Rd DATE SIGNED 19 April '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-22-54 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) North East Cecil Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR Apr 22 — REGISTRAR'S SIGNATURE F R Seagren

24. FUNERAL DIRECTOR Wright Grant Co. ADDRESS North East Md

VS. A15

RECEIVED
APR 23 1954
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03552

3561 **CERTIFICATE OF DEATH**

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Md
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) MILLY (Last) REYNOLDS
4. DATE OF DEATH (Month) 4 (Day) 1 (Year) 19

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 29, 1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carriage Man
10b. KIND OF BUSINESS OR INDUSTRY R.R. Ret 12 yrs
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Reynolds
14. MOTHER'S MAIDEN NAME Martha Donohue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ellen Jackson North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to 21 April, 1954, that I last saw the deceased alive on 17 April, 1954, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

SIGNATURE Klaus H Thurber (Degree or title) M.D. ADDRESS North East DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-24-54
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REG. April 24-54
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R Heard North East Md ADDRESS

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03553

3562 CERTIFICATE OF DEATH

Reg. Dist. No. .. ..

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colora, Rural X
LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colora Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Addison (Last) Reynolds
4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 24 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Warehouse
11. BIRTHPLACE (State or foreign country): Rowlandville
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard Reynolds
14. MOTHER'S MAIDEN NAME: Rebecca Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-07-0978
17. INFORMANT & ADDRESS: Mrs. Ernest Reynolds Colora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebrovascular Accident — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — 3 mos

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954 to April 14 1954, that I last saw the deceased alive on April 14 1954, and that death occurred at 10:08 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 4/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 17, 1954
NAME OF CEMETERY OR CREMATORY est Nottingham
LOCATION (City, town, or county) (State) Near Colora, Md.

DATE REC'D BY LOCAL REGISTRAR Apr 15-54
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. Earl Tyson
ADDRESS Rising Sun Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 03554

3563 CERTIFICATE OF DEATH Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural X
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ewing Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Amelia (Last) Richardson

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. 6, 1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retored Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Chrome Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thomas Williamson

14. MOTHER'S MAIDEN NAME: Sarah Jane Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Marguerite Doughton 1300 Harrison St. Wilmington Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval Between Onset And Death: 2 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) widespread carcinomatosis — 1 yr.

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1954, to April 9 1954 that I last saw the deceased alive on 4/9, 1954, and that death occurred at 2:15 P.M. from the causes and on the date stated above.

SIGNATURE Neil Tomlinson (Degree or title) MD ADDRESS Rising Sun, Md. DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 14, 1954 NAME OF CEMETERY OR CREMATORY Rosebank Cem. LOCATION (City, town, or county) Calvert (State) Md.

DATE RECD BY LOCAL REGISTRAR April 13-54 REGISTRAR'S SIGNATURE Lon Worthington

24. FUNERAL DIRECTOR J Earl Tyson ADDRESS Rising Sun Md.

VS. A15

RECEIVED
BUREAU V. S.

3564

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 03555

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.J. COUNTY Salem.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Penns Grove
STREET ADDRESS (If rural, give location) Cedar Crest Manr. Orchard Rd

3. NAME OF DECEASED: (First) WAYNE (Middle) GREGORY (Last) SIRAGUSA
4. DATE OF DEATH (Month) 4 (Day) 16 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	White	Single	12-14-53		4	2		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem. N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gregory J. Siragusa
14. MOTHER'S MAIDEN NAME: Carol Ann. Disanti
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Gregory J Siragusa; Penns Grove N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Asphyxiation from vomited	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	food.	
	DUE TO (c)		

921.2

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) Elkton (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 4 (Day) 16 (Year) 54 (Hour) 630 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Baby vomited food & ~~blo~~ closed throat

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R LeDodron MD
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/21/54
NAME OF CEMETERY OR CREMATORY Penns Grove N.J.
LOCATION (City, town, or county) Penns Grove (State) N.J.

DATE REC'D BY LOCAL REG. April 19
REGISTRAR'S SIGNATURE H Frazer
24. FUNERAL DIRECTOR Richardson & Fry
ADDRESS

1v 39499

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03556

3537 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs X
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) R (Last) SPENCE

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9-1-1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Elkton Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Cameron
14. MOTHER'S MAIDEN NAME: Annie Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: James Howard Spence, Childs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X
Immediate cause (a) Hypertensive Cardiovascular Renal Disease with Uremia
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1954, to April 22, 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews, Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton, Maryland DATE SIGNED 4/22/54

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]
DATE THEREOF: Apr 26 1954
NAME OF CEMETERY OR CREMATORY: Cherry Hill Meth Cem
LOCATION (City, town, or county) (State): Elkton (Rural) Md.
DATE REC'D BY LOCAL REG.: [illegible]
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Joseph R Grant, North East, Md. ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 27 1954
BUREAU V. S.

3538 03557

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21 — LENGTH OF STAY (in this place) 2 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp. 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X North East Rural.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EARL (Last) THOMPSON

4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1954

5. SEX: M. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married 8. DATE OF BIRTH: 5-23-1923 9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter 10b. KIND OF BUSINESS OR INDUSTRY: Building 11. BIRTHPLACE (State or foreign country): Cora. W. Va. 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Millard Earl Thompson 14. MOTHER'S MAIDEN NAME: Sadie Furgeson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. 2. 16. SOCIAL SECURITY No.: 236-30-1241 17. INFORMANT & ADDRESS: Frances Thompson North East RD Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 823X

Immediate cause (a) Cerebral Concussion Shock.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) abrasion of face and fractured

DUE TO (c) cervical spine.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 274 21c. (City or town) North East RD (County) Cecil 07 (State) Md.

21d. TIME OF INJURY (Month) 4 (Day) 11 (Year) 54 (Hour) 823 P.M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 1 21f. HOW DID INJURY OCCUR? Car left road & turned over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 4-14-1954 NAME OF CEMETERY OR CREMATORY Elkton LOCATION (City, town, or county) Elkton, Cecil Co (State) Md

DATE REC'D BY LOCAL REG. April 14 REGISTRAR'S SIGNATURE F. R. Fragan 24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03558

3565 CERTIFICATE OF DEATH Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Conowingo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wm. (Middle) G. (Last) Heaver
4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 13 1874
9. AGE last birthday: 79 yrs.
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ash Co, N. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ely Heaver
14. MOTHER'S MAIDEN NAME: Mary Ashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. no
17. INFORMANT'S ADDRESS: Mrs. Wm. G. Heaver

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Cardiac Decompensation — 3 days
ANTECEDENT CAUSE (B) DUE TO Anterior Myocardial Infarction — 3 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to April 17, 1954 that I last saw the deceased alive on April 13, 1954, and that death occurred at 2 A M, from the causes and on the date stated above.
SIGNATURE Rene A Taylor M. D. ADDRESS Rising Sun Md. DATE SIGNED 4/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 20, 1954
NAME OF CEMETERY OR CREMATORY Bel-Air Cem
LOCATION (City, town, or county) Harford Co, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 4-17-54
REGISTRAR'S SIGNATURE Leo Worthington
24. FUNERAL DIRECTOR H. & B. Bailey
ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
APR 20 1954
BUREAU V. S.